Shands at Live Oak Emergency Department Adult Triage Sheet and Nurses Note ROOM

R / D / E	Name Charles Lincoln	1° MD	Method of arrival EMS	Ht 5 8 Stated ☐ Measured ☐	Triage time 2145	Date 8/12/6
Chief Complaint: (L) shoulder (R) arm ↑ back (L) pelvis		DOB: Apr. 1 10-60 Age: 46	Sex ♀ (♂)	Wt 240 Stated ☐ Measured ☐	Seen in last 48° Yes ☐ No ☒ Immuniz. UTD Yes ☒ No ☐	LMP NA
Medical History asthma Hx Kidney stone Hx head injury R/T assault			Allergies Latex ☐ NKDA			Been seen at this facility before? Y (N)

T (R/oral) 97 P 102 R 12 O² sat 95 % RA

B/P: Sitting / Lying 149/96 Standing /

Tx Prior to arrival: ☐ IV ☐ O² ☒ Philly Collar ☐ Ice ☒ Long board ☐ ETT ☐ NG ☐ Cric/ Trach ☐ Splint ☐ Aerosol Tx ☐ Other

Triage interventions: ☐ Straight to ED ☐ Antipyretic ☐ Ice ☐ Splint ☐ Dressing ☐ Accu ✓ BS ☐ Isolation ☐ Betadine soak ☐ Cervical collar ☐ Other

Orders: Ø

Brief Narrative 46 y/o w/m involved in MVA roll over pt had seatbelt on - no LOC - c/o pain ↑ back (L) shoulder (R) arm and (L) pelvis - seatbelt mark on ~~Lower Abd~~

Triage/Assessment Signature: DW Elmore RN

• ● ● ● ● ● ● Pupils Rt: ___mm Lt: ___mm
1 2 (3) 4 5 6 7

(√ if non-contributory, ** required) **Assessment**

* Pain	Level	**	Circle Level of pain at this time: 0 1 2 3 4 5 (6) 7 8 9 10
	Description	**	Location: (R) Elbow pelvis Character: Dull Sharp Duration: Radiation: (L) Shoulder Consistency: Relieved/worsened by:
Overview	Behavior		(Appropriate) (Cooperative) Lethargic Crying Irritable Combative Inconsolable Withdrawn Postictal/ sedated
	Functional		Activities of Daily Living: (Independent) Dependent on care giver Needs Assistance
	Appearance		Well developed Slender Frail (Obese) Elderly Robust
	Hygiene		✓ Hygiene needs being met Exposure to elements Poor dental care
	Nutrition		✓ Signs of malnutrition Hx of bulemia Hx of anorexia Hx of difficulty swallowing
	Abuse screen	**	Suspicion of abuse: (None) Low Moderate High Admits Injuries match narrative Post-altercation Ask Patient if he/she feels safe in current relationship:
	Social	**	☐ Tobacco ☐ Alcohol ☐ Recreational drugs ☐ Married ☐ Single ☒ Divorced ☐ Widowed ☐ Other
	Safety		Siderails: ⇑ ⇓ Restraints: Soft Leather 4 point ID Band on: (yes) ☐ no ☐ Fall risk: (L) M H
	Anxiety		(Calm) Mild Moderate Severe Jovial
	Culture/ Religion	**	Is there any cultural or religious information we need to know in order to care for this patient? ☒ No ☐ Yes If yes, what? Spiritual needs addressed for terminal/ dying patients ☐
	Education	**	Readiness to learn: Poor Fair (Good) List barriers to learning: Learning Preferences: ☐ Module ☐ One on One Teaching ☐ Audio / Visual ☐ Other
Cardio vascular	Color		(Pink) Pale Flushed Mottled Dusky/Gray Cyanotic Jaundiced
	Skin		(Warm) (Dry) Cool Cold Clammy Diaphoretic Turgor: Elastic/ Normal Tenting Dry
	Cap Refill		(<2 seconds) ►2 seconds All RUE LUE RLE LLE
	Pulses		(Regular) Irregular Thready All___ RUE___ LUE___ RLE___ LLE___ Fetal HT___
	Edema		(None) Pedal Generalized Dependant
Neurological	General		(No Deficit) A & O x 3 PERRLA Decerebrate Decorticate Seizing
	Skull		✓ Tender Nontender Deformities
	Extremities		(Weakness) Paralysis Numbness RUE LUE RLE LLE
	Face		(Symmetrical) Asymmetrical Deformities
	EENT		✓ Drainage Deformities Visual acuity: OD / OS / OU /
	Neck		(Supple) Nuchal Rigidity ROM not limited by pain
GI/GU	Abdomen		Flat Rounded Distended (Obese) (Soft) Firm Rigid Tender
	Urine		✓ Burning Frequency Urgency Hematuria Drainage
	Bowel sounds		(Normoactive) Hypoactive Absent Hyperactive Nausea Vomiting Diarrhea
	OB/Gyn		✓ Discharge: Y N Color___ Bleeding: None Light Moderate Heavy Gravida PARA Birth control Y N Method
Respiratory	Pattern		(Regular) Normal depth Apneic Tachypneic Bradypneic Irregular Shallow Deep
	Effort		(Nonlabored) Nasal flaring Grunting Accessory muscle Retractions Labored
	Expansion		(Symmetrical) Asymmetrical Abdominal breathing Trachea midline
	O² Source		(Room air) Cannula @___ L/m Nonrebreather Mask T-piece@___% ET Size___ oral/nasal Trach
	Breath sounds		(Clear/equal) Crackles Rhonchi Wheeze Decreased Absent Stridor
	Secretions		(None) Clear/ white Beige/ Tan Blood tinged Pink Bloody Yellow Green Frothy food/ tube feeding
Ortho	ROM/ deformity		(WNL) Decreased MAE Deformity RUE LUE RLE LLE
	Neurovascular		Pulses distal to injury: (WNL) Decreased Sensation distal to injury (WNL) Decreased
	C-spine/ Back		Tender Nontender Immobilized (Philly Collar) Deformities (Longboard) Chronic back Hx Arthritis

GCS
Eye opening
(4) Spontaneous
3 To Speech
2 To pain
1 None
Verbal
(5) Oriented
4 Confused
3 Inappropriate
2 Incomprehensible
1 None
Motor
(6) Obeys
5 Localizes
4 Withdraws
3 Flexion
2 Extention
1 None
Score 15

[illegible] Vaccine Date ______
[illegible] Date

SHANDS HealthCare

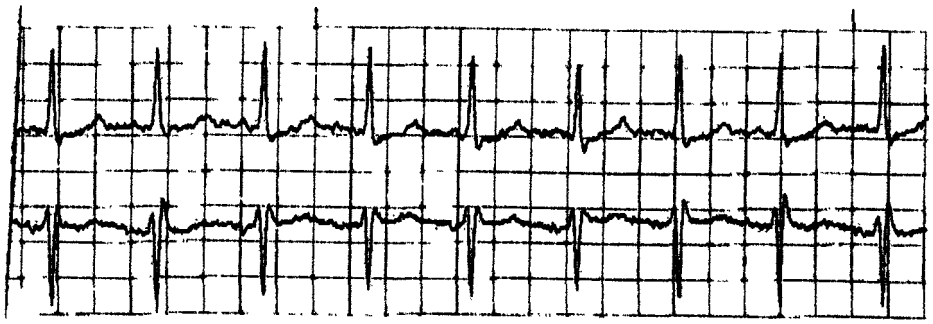
Chart Mount Form

LINCOLN ,CHARLES
M 46Y 04/10/1960 08/12/06 2143
7802187920 PARIKH, PANKAJKUMAR
Shands at Live Oak
00091429

Patient Name: MR#:

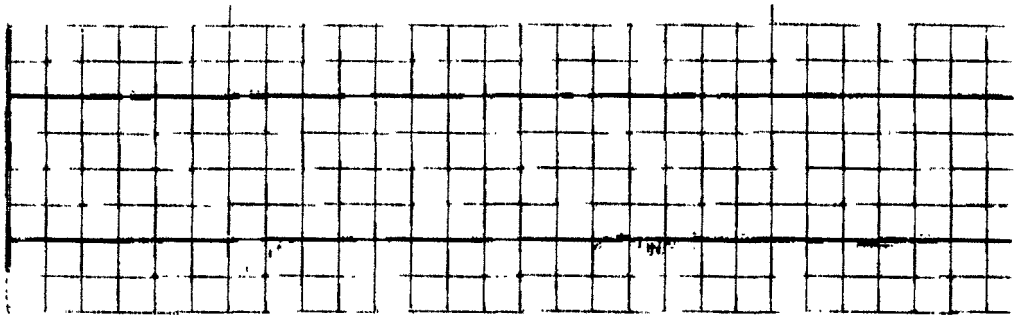
(8AMIA15) 25 mm/sec
12 AUG 06 21 51

HR 101
PULSE 97
NBP 149/96 (112) 12 AUG 06 21 46
SpO2 96
RESP 14



(8AMIA15) 25 mm/sec
13 AUG 06 0 50

HR -?- LEADS OFF
PULSE 101
NBP 141/71 (94) 13 AUG 06 0 50
SpO2 96
RESP -?- RESP LEAD OFF



ABCDE FACE SHEET

PATIENT INFORMATION

REG ADM DATE AND TIME	ADM. PROF	N/S ROOM AND BED	ACCT CAT	SOCIAL SECURITY NO.	DISCHARGE DATE	DISCHARGE TIME	MEDICAL RECORD NUMBER
08/12/06 2143	X	-	E	464-17-0027			00091429

PATIENT NAME	ADD'L NAME	BIRTHDATE	AGE	BIRTH PLACE
LINCOLN ,CHARLES		04/10/1960	46Y	PT STATUS: ET

ADDRESS	CITY	STATE	ZIP	COUNTY
2102 VALLEY	LAGOVISTA	TX	78645-	

PHONE	PRIMARY LANGUAGE	SEX	MS	REL	ETHNIC GROUP	RACE	BLIND	HEAR. IMP	VET	EMP	LIVING WILL	SPECIAL HANDLING
(999)999-9999		M	S			W						

OCCUPATION	EMPLOYER NAME	EMPLOYER PHONE
	UNKNOWN	( ) - X

EMPLOYER ADDRESS	CITY	STATE	ZIP
			-

NEXT OF KIN INFORMATION

NEXT OF KIN NAME	NOK REL TO PT	PHONE
		( ) -

NEXT OF KIN ADDRESS	CITY	STATE	ZIP
			-

NEXT OF KIN EMPLOYER NAME	CITY	PHONE
		( ) - X

2ND TO NOTIFY NAME	2ND TO NOTIFY PHONE HOME	WORK
	( ) -	( ) - X

SURROGATE NAME	SURROGATE PHONE HOME	WORK

GUARANTOR INFORMATION

GUARANTOR NAME	GUAR REL TO PT.	GUARANTOR SS#	GUARANTOR #
LINCOLN ,CHARLES	SE	464-17-0027	151478

GUARANTOR ADDRESS	CITY	STATE	ZIP
2102 VALLEY	LAGOVISTA	TX	78645-

PHONE	GUARANTOR OCCUPATION	EMPLOYER NAME
(999)999-9999		UNKNOWN

EMPLOYER ADDRESS	CITY	STATE	ZIP
			-

EMPLOYER PHONE	GUARANTOR'S SPOUSE NAME	GUARANTOR'S SPOUSE SS#	SPEC HANDLING
( ) - X			

INSURANCE INFORMATION

	INSURANCE NAME	TYPE COV	PHONE	POLICY NUMBER
1	AUTO INSURANCE K62		( ) - X	464170027

GROUP: *INFO MUST BE ENTERED
ZIP | SUBSCRIBER NAME: LINCOLN ,CHARLES | REL TO SUB: SE | SUB SS#: 464-17-0027

INSURANCE 2 NAME	TYPE COV	PHONE	POLICY NUMBER
		( ) - X	

GROUP | ZIP | SUBSCRIBER NAME | REL TO SUB. | SUB SS#

INS NAME	TYPE COV	PHONE	POL #
		( ) - X	

GROUP | ZIP | SUBSCRIBER NAME | REL TO SUB. | SUB SS#

REFERRING PHYSICIAN INFORMATION

REF MD 1: NONE | POS | SPECIALTY
ADDR: NONE | CITY: NONE | ST: FL | ZIP: 00000-0000
PHONE: (000)000-0000 | DATE OF LAST REF. | ALUMNI INDICATOR | CORRESP IND.: N

REF MD 2 | POS | SPECIALTY
ADDR | CITY | ST | ZIP: -
PHONE: ( ) - | DATE OF LAST REF. | ALUMNI INDICATOR | CORRESP IND.

REF MD 3 | POS | SPECIALTY
ADDR | CITY | ST | ZIP: -
PHONE | DATE OF LAST REF. | ALUMNI INDICATOR | CORRESP IND.

REF MD 4 | POS | SPECIALTY | DOB1: 04/10/1960
ADDR | CITY | DOB2: | ZIP
PHONE | DATE OF LAST REF. | ALUMNI INDICATOR | CORRESP IND. | ADDITIONAL REFERRING: DOB3:

MISC. INFO.

PH CLASS	NO OF INS	MEDICARE A-DATE	MEDICARE B-DATE	ADM DX
C	1			MVA

ADM PRO: FIRST OUTPT IN BED / / | EST. LOS | ATT MD NAME: PARIKH, PANKAJKUMAR
ATTN MD NO.: 070656 | SERVICE SUB SCV: EMS | ALLERGY: NO ASSESSMENT
REC. HOSP DISCH | REC H LOS | REC. H DR/DT | JOB REL | ACC DATE: 08/12/ | ADM REG POINT: EO | ADM REG CLERK: MOORBC

COMMENTS: ACCT#: 7502187920 LIVE OAK ENTER EMERGENCY AT 0812 2144 BY MOORBC AT Y036

ABCDE

EMERGENCY RECORD

TRIAGE CLASS: R U E
ROOM NO. 5

PATIENT NAME	PATIENT NO	POP/UNIT	ADMISSION DATE/TIME	MEDICAL RECORD NO.
LINCOLN ,CHARLES	7502187920	C	08/12/06 2143	00091429

SEX MS / RACE	BIRTHDATE/AGE	SOCIAL SECURITY N /SUFFIX	PRIVATE PHYSICIAN	ED PHYSICIAN
M S W	04/10/1960 46Y	464-17-0027	NONE	PARIKH, PANKAJKUMAR

CHIEF COMPLAINT: MVA
TD UTD: YES ✓ NO ☐ | LMP: NA | TRIAGE TIME: 2145 | RN INTAKE: 2145 | TIME OUT:

PHYSICIAN EVALUATION | TIME | ALLERGIES YES ☐ NO ☒ | MEDS YES ☒ NO ☐ | WEIGHT 280 | TRIAGE V.S. TIME 2145 T 97 B/P 145/94 R 12 P 102

10.20 pm. See Triage

involved in MVA around 8-0 pm tonight - was a restrained driver - car hydroplaned & flipped over - hit head on something but denies LOC. c/o neck pain - pain in both shoulders & upper back. Denies EtOH abuse today.

Past h Fx. Lt clavicle - many years ago - was operated.
1.19 pm → Cranial surgery for Lt subdural 2° to trauma : 6 yrs ago.

GE Alert oriented, Sclera N pearla
ENT: N C spine tender Chest non tender lungs clear Heart N
Abdo: Benign. Both shoulders tender anteriorly. ⓒ small bruise on Rt shoulder
Back tender across upper back
Ext: No neuro deficit
1.10 pm. Bruise swelling in Rt frontoparietal area.
X-ray C spine - T spine -ve   Rt elbow; tender swelling ⓒ bruises on lat side
X-ray Rt & Lt shoulders -ve   restriction on extension ↓ Rom.
X ray Pelvis -ve
X-ray Rt elbow: chip Fx - lat condyle of humerus.

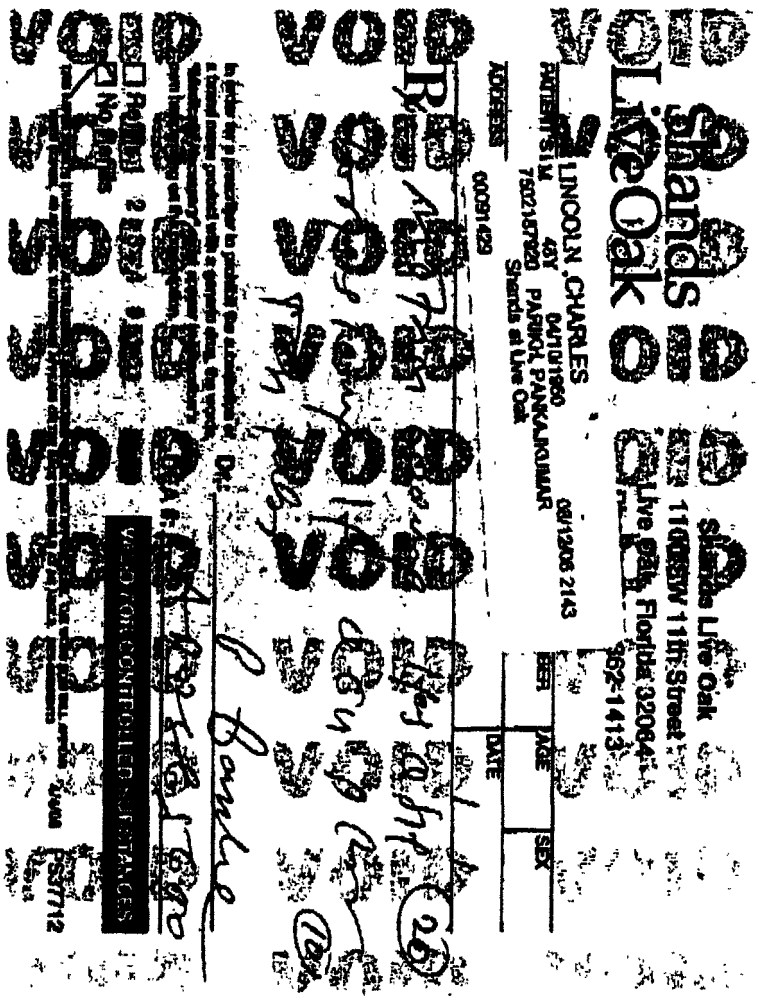
MVA. Head injury. Bruise Rt. Shoulder. Fx Rt elbow.
Vicodin ii .10. am 0103.
Dressing ⓒ Ace bandage on Rt elbow. OCL - Rt elbow
D.T. 0.5 ml im Motrin 800 mg to sling Rt arm.
Vicodin 5 mg 2 tab to po

Side column (labs / X-ray): CBC RBC HGB HCT WBC N. NEUT BANDS LYMPHS PLT | SMA 7 GLUC BUN Na K Cl CO_2 CREAT | ENZYMES CPK LDH SGOT SGPT | UA ☐ CC ☐ CATH SG pH PROTEIN GLUCOSE WBC RBC BACTERIA OTHERS | UCG BETA HCG PT, PTT CONTROL PATIENT | CULTURES | ABG pH PCO_2 PO_2 ACT HCO_3 O_2 SAT | OTHERS AMYLASE LFTS | X-RAY: C spine, T spine, Rt elbow, shoulder, pelvis, Rt elbow, CT head

REFERRING PHYSICIAN | TIME PAGED | TIME NOTIFIED

DISPOSITION: ☒ DISCHARGED ☐ ADMIT ☐ TRANSFERRED | ROOM NO | CONDITION AT DISPOSITION: D C P F Ⓖ | PHYSICIAN'S SIGNATURE: [signature] | DISCHARGE NURSING SIG

INSTRUCTIONS TO PATIENT:
① ☒ Referred to: Dr Jacobs
② RX: Motrin 800 mg 3 day
③
④ Vicodin 10 #4
⑤ Head Injury Precautions (10)
⑥
⑦ CT head -ve
⑧
⑨


Shands Live Oak
LINCOLN, CHARLES
DATE
AGE
SEX
VOID

SHANDS at Live Oak

DIPHTHERIA AND TETANUS AUTHORIZATION

I have read or have had explained to me the information in this paper about diphtheria, tetanus (lockjaw), Td and Tetanus vaccines. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccines and ask that the vaccine checked below be given to me or to the person named below for whom I am authorized to make this request.

Vaccine to be given: (X) Td ( ) Tetanus

Signature of person to receive vaccine or person authorized to make the request (parent or guardian):

X _____ Date 8/13/06

Person Receiving Vaccine, if different from above:

X _____ Date _____

X _____ Witness Date 8/13/06

LINCOLN ,CHARLES
M 46Y 04/10/1960 08/12/06 2143
7502187920 PARIKH, PANKAJKUMAR
Shands at Live Oak
00091429

Patient's Name

Shands HealthCare

Department of Radiology

LINCOLN, CHARLES Ordering MD: PARIKH

MRN: 100002279456
DOB: 04/10/1960
Sex: M

Study Date	Accession #	Procedure Code	Procedure/Reason For Study
8/13/2006	B6486611	VCT1060	HEAD W/O CNTRST - VCT

***** Preliminary Report *****

ICD-9 CODE: XX.X

Clinical Indication: Motor vehicle accident. This study was performed to evaluate for an intracranial abnormality.

Exam: Noncontrast cerebral CT was performed in the axial plane from the vertex to the skull base.
Comparison: None available.

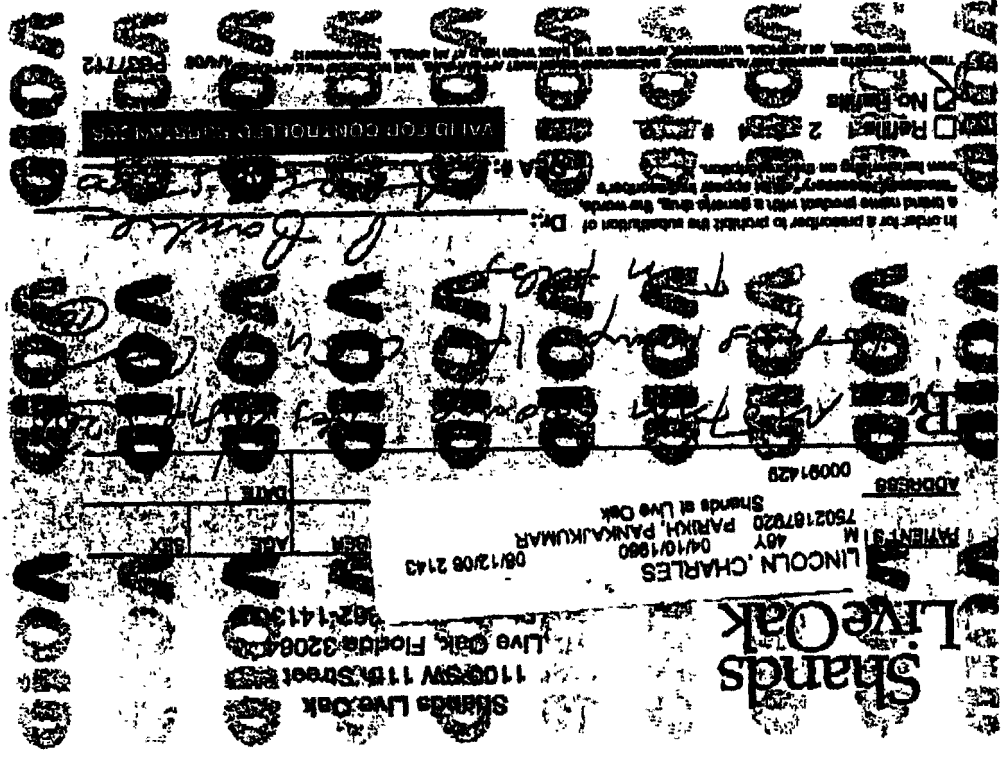
Findings:
There is, in general, normal brain density, normal gray and white matter differentiation, and normal brain formation. Ventricular size, and cisternal/sulcal patterns are appropriate for chronological age. There is increased extra-axial space in the anterior right middle cranial fossa which likely represents an arachnoid cyst; this could be evaluated with MRI if clinically pertinent.

There is no evidence of mass lesion, hydrocephalus, intra or extra axial fluid collection.

There is a small amount of fluid in the right sphenoid sinus. Otherwise the paranasal sinuses air cells are normally developed and aerated without evidence of acute or chronic mucoperiosteal thickening or intrasinus fluid. The left mastoid air cells are hypoplastic. The ossicles of the left middle year. Asymmetrically smaller than the right; this shouk be correlated clinically and dedicated temporal bone CT to be done for further evaluation if clinically pertinent. The orbits and globes are unremarkable. There is no depressed skull fracture.

IMPRESSION: Negative head CT examination for an acute intracranial abnormality.

Dictated on: 8/13/2006 3:23:39AM
Interpreted by: Raymond Laruc
Assisted by: Jeffrey Cottrell
Transcribed by: PowerScribe 2006/08/13 03:13:57.6


Shands LiveOak
LINCOLN, CHARLES
04/10/1960
PARIKH, PANKAJKUMAR
7502187920
Shands at Live Oak
08/12/06 2143
0009142B

Lincoln Charles SCFR INCIDENT #

PT'S NAME: Lincoln (LAST) Charles (FIRST) (MI)

ADDRESS: 2102 Valley Agoura Hills (CITY) Tx (ST) 78645 (ZIP)

D.O.B.: 4/10/60 AGE: 46 SEX: (M) F RACE: B (W) H O SS#: 464/17/0027

HISTORY: (CIRCLE KNOWN HX) (ASTHMA) CARDIAC COPD CVA DIABETIC HBV HIV HTN PSYCH SEIZURE SUBSTANCE ABUSE TB CANCER: _____ OTHER HX: Head injury 2000

MEDICATIONS: (WITH PT Y / N): Theolyrine, Allegra

ALLERGY: NKDA UNKNOWN: N/A

CHIEF COMPLAINT: MVA

BREATHING
WALLS
SOUNDS
CREPITUS
NONE
RALES
RHONCHI
WHEEZES

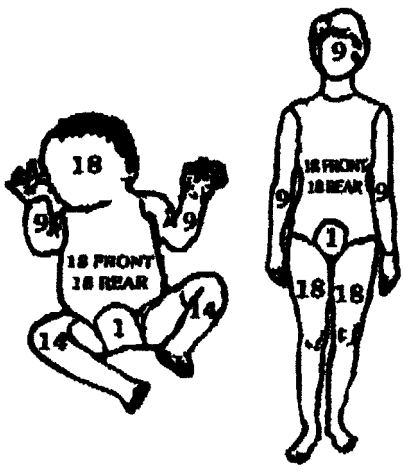
AIRWAY
(PATENT)
OBSTRUCTED

PUPILS
WNL (L) (R)
DILATED L R
CONSTR L R
REACT (L) (R)

TEMP
(WNL)
HOT
COOL

COLOR
(WNL)
CYANOTIC
PALE
OTHER

MOISTURE
(WNL)
MOIST
DRY



GLASGOW COMA SCALE

INFANT	CHILD/ADULT	
Eye Opening		
4 Spontaneously	Spontaneously	4
3 To Speech	To Command	3
2 To Pain	To Pain	2
1 No Response	No Response	1
Best Verbal Response		
5 Coos, babbles	Oriented	5
4 Irritable cries	Confused	4
3 Cries to pain	Inappropriate	3
2 Moans, grunts	Incomprehensible	2
1 No Response	No Response	1
Best Motor Response		
6 Spontaneous	Obeys commands	6
5 Localizes pain	Localizes pain	5
4 Withdraws	Withdraws	4
3 Flexion	Flexion (decorticate)	3
2 Extension	Extension (decerebrate)	2
1 No Response	No Response	1
	TOTAL	

TRAUMA ALERT: Y / N TIME: _____

BRIEF ASSESSMENT: Pain to (R) elbow and Abrasion to Cervical Area (L) Shoulder pain Abd. Abrasion from Seatbelt.

TREATMENT: O_2 ____ LPM NC NRBM BVM NEB EKG _____ IV: _____ GA LR NS D5W SL _____

O COMPLETE SPINAL IMMOBILIZATION OTHER TREATMENT: _____

PULSE 105 RESP ____ BP 141 / 85 RHYTHM ST O_2 SAT 97 (✓RA) (__ O_2) BGL _____

PULSE ____ RESP ____ BP ____/____ RHYTHM _____ O_2 SAT ____ (__RA) (__ O_2) BGL _____

CREW _____ / _____
ATTENDING PARAMEDIC OTHER CREW MEMBER

MD AUTHORIZATION (CIRCLE MED ADMINISTERED)

MORPHINE	DEMEROL	SOLY-MEDROL	PHENERGAN	OTHER	RESTRAINTS
MG _____	MG _____	MG _____	MG _____	MG _____	_____
ROUTE _____	ROUTE _____	ROUTE _____	ROUTE _____	ROUTE _____	_____

I ORDERED THE ABOVE TREATMENT / MEDICATION AND DOSAGE ADMINISTERED. COMMENTS: _____

PRINT: _____ MD SIGNATURE: _____

THIS INFORMATION SHEET IS INTENDED FOR THE ER PHYSICIAN/STAFF ONLY AND IS NOT AN OFFIC IAL COMPLETE PATIENT CARE REPORT. THIS IS A CONCISE REPORT OF THE PATIENT'S STATUS UPON SCFR ARRIVAL AND ACTIONS TAKEN BY SUWANNEE COUNTY PARAMEDICS TO IMPROVE THEIR CONDITION. AN OFFICIAL REPORT WILL BE DELIVERED WITHIN 24 HOURS.

PATIENT'S INSTRUCTIONS

Your Emergency Department visit is not the complete and final care ... obscure at the time you are examined, final diagnosis ... remember, you are urged to see your personal ... Emergency Department. Follow the ...

08/12/06 2143
LINCOLN, CHARLES
04/10/1960
45Y
PARIKH, PANKAJKUMAR
M
7502187920
Shands at Live Oak

Follow the instructions below carefully, since signs and symptoms of illness are often times vague or the E.D. visit. It is therefore important that directions for follow-up care be followed explicitly and worse, or new symptoms arise. If you are unable to see your personal doctor, please return to the ailment Record in the lower right corner entitled "Instructions to Patient".

Patient's Name _____ Record # _____ Date _____

X FOLLOW-UP ... OR LACERATIONS:

1. If no dressing was applie ... wound leave it open, clean and dry.
2. If a dressing was applied, keep it clean and dry, change the dressing daily and inspect the wound for signs of infection.
3. Have the wound rechecked and the stitches removed as noted below.
4. In spite of proper care given to the wound, it can get infected. Have it rechecked promptly if there is local pain and/or tenderness, swelling, redness, red streaks, wound drainage, pus, bad odor, or fever and chills.

You may call your personal physician or, if necessary, return to the Emergency Department at any time for recheck.

X FOLLOW UP CARE OF SPRAINS OR MINOR FRACTURES:

1. Rest the injured part and do not put weight on it.
2. Elevate the part to decrease the swelling.
3. Apply an ice bag as much as you can, for the first 36-48 hours. Wrap the ice bag in a towel to avoid cold injury to the skin.
4. After 48 hours, use warmth (wet compress or warm soaks) instead of the ice bag until soreness is gone. Be careful not to burn the skin.
5. Unwrap and rewrap the ace bandage every 4 hours to prevent it from becoming too loose or too tight. When rewrapping, start from the lower end of the extremity and go up.
6. Improvement, as evidenced by reduction of the pain, swelling and tenderness, should occur within 2-3 days. If it does not, consult your personal physician or report back to the Emergency Department.

If a cast or splint is applied, check the fingers and toes for paleness, numbness or extreme pain. If any of these occur, return to the Emergency Department.
Again, fractures or abnormalities may not show up on X-rays for several days. If symptoms persist or worsen more X-rays may have to be taken. Please contact your personal physician if persistent pain and disability continue for more than 72 hours.

☐ CHILD WITH FEVER:

Your child's illness should be followed until it is completely cured. It is obviously impossible to provide this follow-up in our Emergency Department. You must obtain this portion of the care from your personal physician or the clinic whose name was given you when you left the Emergency Department.

1. Give plenty of fluids. Frequently a child with a fever does not feel hungry, but making the child drink plenty of fluids will prevent dehydration and will make the child more comfortable. The child's appetite will improve as he feels better.
2. A child loses heat through the skin, therefore dress the child lightly. Blankets or heavy clothes will prevent the child from losing heat and the fever will go higher.
3. Take the temperature every 2-4 hours. Normal is 98.6° F (37.0° C) orally and 99.6°F (37.5° C) rectally. For temperatures above 99.0° F (37.5° C) orally or 100.4° F (38.0° C) rectally, you may use Tylenol, Elixir or Tempra. Follow the dosage recommended by the manufacturer.
4. If the temperature is 104° F or more, bathe the child for 15 minutes in lukewarm water in the bath tub. Towels damp with lukewarm water applied to the body is an alternative method.
5. Do not sponge with alcohol.
6. Give other medications as prescribed.
7. Call your personal physician and report back to the Emergency Department if the child convulses, jerks, develops rash or spots, or does not improve.

☐ BURN INSTRUCTIONS:

If you have sustained a burn, it is imperative that you follow these instructions carefully in order to assure healing, and avoid the complication of burn infection.

a. Keep the dressing dry, clean.
b. See your personal physician at regular intervals to inspect the burn and change the dressing. Your first visit to your personal physician must be within 48 hours.
c. Infection of the burn site is a serious complication; it is therefore very important that you receive continued medical attention until the burn is completely healed.

☐ FOLLOW-UP CARE OF HEAD INJURIES:

If you have had a head injury which is not severe enough to require hospitalization, please note the following:

1. In a small number of cases, signs of serious injury may appear later. It is therefore important that you see your personal physician for a check-up following your Emergency Department Visit.
2. Do not eat any solid food for the first twelve hours; do not use sedatives or tranquilizers or narcotics unless specified by your physician, you may drink any fluid except alcoholic beverages.
3. You may sleep but have someone awaken you every two hours for the first 24 hours following the injury.
4. Appearance of any of the following signs mean that you should consult your doctor or return to the Emergency Department immediately:

a. Unusual sleepiness or difficulty awakening
b. Persistent vomiting
c. Double vision
d. Weakness or paralysis or numbness of arms and legs
e. Mental confusion or disorientation.

☐ GASTROINTESTINAL DISEASE:

If your problem has been tentatively diagnosed as GASTROENTERITIS (a non-serious form of stomach upset), the following instructions will hasten your recovery:

1. Drink nothing but clear liquids for 24-48 hours. A clear liquid is any liquid that can be seen through in a clear glass (example: water, Gatorade, apple juice - NOT milk, tomato juice or solid food).
2. DRINK NO alcoholic beverages or beverages with caffeine (coffee, tea, cola drinks).
3. After 2 days of clear liquids you may begin to resume your normal diet but avoid alcohol, caffeine, spicy and greasy food until you are fully recovered).
4. On occasion what appears to be a non-serious form of stomach upset may actually turn out to be a serious one (example - appendicitis, ulcer, etc.). Should any of the following occur see your family physician or return to the Emergency Department immediately:

1. Vomiting of blood or passage of blood in bowel movement.
2. Persistence of fever or vomiting (lasting longer than 12 hours).
3. Appearance of continuous or severe abdominal pain.
4. If there is no improvement in your condition after attempting the above measures for 24 hours.

☐ EYE INJURY:

If patch is applied, it will impair your vision. Therefore, you should not drive.
If eye ointment is prescribed, you should put ointment on the lower eyelid and then close eye. Do not apply ointment directly to the eyeball.
If eye drops are used, pull lower eyelid down and put drops in eye. Then release eyelid.
Eye patch should be worn.

SCHOOL OR WORK EXCUSE

☒ No Work 2 (2) days ☐ No School _____ days ☐ Light Duty _____ days
☐ No Physical Education _____ days ☐ May Return to Work On _____ ☐ May Return to School On _____

PATIENT

INSTRUCTIONS TO PATIENT

① ☒ SEE DR. Julio Lorenzo BY 3 days
YOU MUST MAKE YOUR APPOINTMENT If you are unable to see the doctor or if the problems or symptoms recur, fail to improve, or get worse, return to E.D. promptly.

② FOLLOW INSTRUCTIONS ABOVE FOR WOUNDS, SPRAINS OR FRACTURES, FEVER, BURNS, HEAD INJURY, GASTROINTESTINAL DISEASE, EYE INJURY.

③ Rest + Relax

④ Motrin 600mg 1 tab Q 8H - (20)

⑤ Lortab 10 mg 1 tab Q 6H PRN (10) X

TREATING PHYSICIAN _____ INSTRUCTIONS RECEIVED BY _____ SIGNATURE

4100090 Rev 1/6/2004

FLORIDA UNIFORM TRAFFIC CITATION

6688-SFA CHECK DIGIT 1

SUWANNEE

FLORIDA HIGHWAY PATROL AGENCY

(DEFENDANT'S COPY)

SATURDAY | 08 | 12 | 2006 | 10:29 AM/PM

CHARLES EDWARD LINCOLN

6102 VALLEYVIEW DRIVE

LAGO VISTA TX 78645

04 10 1960 W M 509

08669595

TX C N 2010

1996 FORD SUV BLK

K49YA TX 2007

STATE ROAD 9272 EB APPROX .8 MILES WEST OF LIVE OAK

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE CHECK ONLY ONE OFFENSE PER CITATION

☐ UNLAWFUL SPEED ____ MPH SPEED APPLICABLE ____ MPH

☐ INTERSTATE ☐ ALL OTHER HWY WITHIN 500 FT. OF POSTED SCHOOL SIGN OR SCHL ZONE

☐ CARELESS DRIVING ☐ SAFETY BELT VIOLATION ☐ EXPIRED LICENSE

☐ VIOLATION OF TRAFFIC CONTROL DEVICE ☐ DEFECTIVE OR MISSING EQUIPMENT ☐ FOUR (4) MONTHS OR LESS

☐ VIOLATION OF RIGHT-OF-WAY ☐ EXPIRED TAG ☐ MORE THAN FOUR (4) MONTHS

☐ IMPROPER CHANGING OF LANE OR COURSE ☐ SIX (6) MONTHS OR LESS ☐ NO VALID DRIVER LICENSE

☐ IMPROPER PASSING ☐ MORE THAN SIX (6) MONTHS ☐ SUSPENDED VEHICLE LICENSE (IMPOUNDED OR REMOVED)

☐ RECKLESS DRIVING ☐ NO PROOF OF INSURANCE

☐ OTHER VIOLATIONS OR CIRCUMSTANCES PERTAINING TO OFFENSE ____ %

TOO FAST FOR CONDITIONS

☐ ACCIDENT INVOLVED ☒ IN VIOLATION OF STATE STATUTE SECTION 316.183.1 SUB-SECTION

CHARGE ☐ YES ☐ NO PROPERTY DAMAGE ☒ YES $1500 ☐ NO PERSONAL INJURY ☐ YES ☒ NO FATAL ☐ YES ☒ NO

☐ OTHER (EXPLAIN) 6688-SFA CHECK DIGIT 1

COURT INFORMATION DATE PM

SUWANNEE COUNTY COURT

COURT

200 S OHIO AVE

VICINITY

LIVE OAK FL 32064

OFFICER DELIVERED TO ____ DATE ____

TPR J WALKER 2340 2019 S

BADGE NO. SIGNATURE OF OFFICER AGENCY ID NO. GROUP (HWY)

IMPORTANT INSTRUCTIONS TO INDIVIDUAL CHARGED WITH A NON-CRIMINAL TRAFFIC INFRACTION NOT REQUIRING A COURT APPEARANCE

You were charged with a civil infraction which requires that you comply with one of the following options with the Clerk of County Court in the county where you received this citation within thirty (30) calendar days. IF YOU FAIL TO COMPLY WITHIN THE SPECIFIED PERIOD, YOUR DRIVING PRIVILEGE WILL BE SUSPENDED UNTIL YOU COMPLY. YOU SHALL BE REQUIRED TO PAY AN ADDITIONAL CIVIL PENALTY AND A SERVICE FEE.

OPTIONS:

1. Pay a civil penalty in the amount of $115.50 by mail or in person to the Clerk of Court. Payment must be received by the clerk within the period specified. POINTS WILL BE ASSESSED AS APPLICABLE. FOR DRIVER LICENSE, TAG OR REGISTRATION OR INSURANCE INFRACTIONS, PROOF OF COMPLIANCE IN THE FORM OF A VALID DRIVER LICENSE, REGISTRATION CERTIFICATE OR PROOF OF INSURANCE, WHICHEVER IS APPLICABLE, IS REQUIRED IN ADDITION TO PAYMENT.

NOTE: IF YOUR DRIVER LICENSE, TAG, REGISTRATION OR INSURANCE WAS VALID AT THE TIME THE CITATION WAS ISSUED YOU MAY PRESENT THE DRIVER LICENSE, TAG, REGISTRATION OR PROOF OF INSURANCE WITHIN THIRTY (30) CALENDAR DAYS TO CLERK OF COURT, AND THE CHARGE WILL BE DISMISSED. A FEE MAY BE ASSESSED. If you cannot provide proof of registration or insurance you may sign a sworn statement at the Clerk's office

NOTE: YOU MUST ENCLOSE THIS CITATION IF YOU MAIL PAYMENT. PAYMENT SHOULD BE IN THE FORM OF MONEY ORDER OR A CASHIER'S CHECK.

☐ PERSONAL CHECKS ARE ACCEPTED ☐ PERSONAL CHECKS ARE NOT ACCEPTED

(Make Payable to the Clerk of the County Court)

MAIL ADDRESS FOR THE CLERK OF COURT: ____

2. Elect a court hearing by contacting the Clerk of Court at the address listed above or indicated on the face of your citation. If you request a hearing and the County Judge/Magistrate determines that you have committed the offense the County Judge/Magistrate may impose a penalty not to exceed $500.00 or require completion of a Driver Improvement Course, or both. POINTS WILL BE ASSESSED AS APPLICABLE. If the County Judge/Magistrate determines that no infraction has been committed, no cost or penalties shall be imposed and any cost or penalties which have been paid shall be returned.

3. Elect to attend and complete a Driver Improvement Course approved by Florida. Initiate by contacting the Clerk of Court listed above. In such case adjudication shall be withheld and POINTS SHALL NOT BE ASSESSED provided you have not made a prior election to attend within the 12 months preceding this election. No person may make more than five of these elections (F.S. 318.14(9)). By electing this option you shall pay a penalty. Also a court cost may be required. This option is not available for driver license, tag or registration violations or commercial motor vehicle violations (F.S. 322.62).

4. If you were charged with violation of F.S. 322.065 (driver license expired for 4 months or less), F.S. 320.07(3)(a) (tags or registration expired 6 months or less), F.S. 322.15(1) (failure to display a valid driver license), F.S. 320.0605(1) (failure to possess a valid registration) or F.S. 316.646(1) (failure to maintain proof of insurance), you may, in lieu of payment of fine or court appearance, elect to enter a plea of nolo contendere and present a valid driver license, tag or registration or proper proof of insurance to the Clerk of Court. In such case, adjudication shall be withheld by the Clerk. You must pay court costs. This option is available ONLY if you HAVE NOT made this election within the last twelve (12) months. No person may make more than three (3) elections under this provision in a lifetime (F.S. 318.14(9)(a)). If you fail to comply within the specified period, your driving privilege will be suspended as of the date of such failure, until compliance is met. You shall be required to pay an additional civil penalty and a service fee.

5. If charged with F.S. 316.610, operating a motor vehicle in an unsafe condition or not properly equipped as required by F.S. 316.610, or F.S. 316.2935 non-criminal violation, you may, WITHIN THIRTY (30) DAYS from the date the citation was issued, have the defect corrected, pay a $4.50 fee to the local police or sheriff's office and have the CORRECTION CERTIFIED ON AN AFFIDAVIT OF COMPLIANCE BY THE POLICE OR SHERIFF'S OFFICE. YOU MUST MAIL OR PRESENT THE AFFIDAVIT OF COMPLIANCE, TOGETHER WITH A $7.50 FEE TO THE CLERK OF THE COURT WITHIN THIRTY (30) DAYS OF THE DATE THE CITATION WAS ISSUED. NO POINTS WILL BE ASSESSED.

NOTE: This option shall not apply to violations of F.S. 316.610 by a commercial motor vehicle or vessel not owned by a governmental entity.

FAULTY EQUIPMENT AFFIDAVIT OF COMPLIANCE
(For Local Police or Sheriff's Department Use Only)

I certify that the equipment on the vehicle described herein as indicated on the front of this citation has been corrected and upon this date complies with the requirements of the traffic laws of Florida.

DATE ____ (CHECK ONE) ☐ Local Police ☐ Sheriff

Signed ____
Name, Title, and ID#

Agency Address County

Accumulation of Points May Increase Your Costs of Motor Vehicle Insurance If You Were Exceeding the Speed Limit by More Than 15 MPH, This Is Your Second Infraction Within the Past 18 Months, or This Is Your Third or Subsequent Infraction Within the Past 36 Months. (F.S. 626.9541(1)(i)(4))

Florida Highway Patrol

INVENTORY AND VEHICLE STORAGE RECEIPT

THI / Other Dept. Case No. _____ Date 08/12/2006 Time 9:48 ☐ AM ☒ PM Case No. FHPB06OFF024239

Name / Owner CHARLES EDWARD LINCOLN Phone _____

Address / Owner 6102 VALLEYVIEW DRIVE LAGO VISTA TX 78645

Name / Driver ☒ Check if same CHARLES EDWARD LINCOLN Phone _____

Address / Driver 6102 VALLEYVIEW DRIVE LAGO VISTA TX 78645

Year Vehicle 1996 Make of Vehicle FORD Body Style SUV Miles _____

Color BLUE Tag # K49YLB State TX VIN # 1FMDU32ZP2T2A43235

Vehicle Red Tagged on Date _____ Time _____ ☐ AM ☐ PM By Name _____ I.D. # _____

Location Vehicle Invent. / Towed From STATE ROAD 6/272 EB

Name of Towing Service MIKE'S

Address of Towing Company _____ Phone _____

Address Where Vehicle is Stored ☐ Check If Same As Towing Company _____

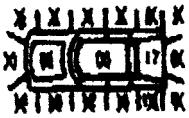
☐ Owner Present ☐ Owner Request ☒ Rotation

Reason Vehicle Towed: ☒ Crash ☐ Abandonment/Disabled ☐ Arrest ☐ Seizure ☐ Other _____

Equipment in Vehicle:

- ☐ Cellular Phone: _____ Make / Model
- ☐ Radar Detector _____ Make / Model
- ☒ AM-FM Radio / Tape / CD
- ☐ CB Radio / 2 Way Radio
- ☐ Trailer Hitch
- ☒ Wheel Covers / No of 4
- ☐ Custom Wheel Rims / No. of _____
- 4 No. of Tires (Including spare)
- ☒ Trunk Accessible ☐ Yes ☒ No
- ☐ Rear Spoiler

INDICATE VEHICLE DAMAGE



MARK AREA OF DAMAGE
18 Undercarriage
19 Overturn
20 Windshield
21 Fire
22 Trailer
☐ No Damage

List Property in Vehicle MISC. PERSONAL ITEMS

HOLD

☒ **NO HOLD - MAY BE RELEASED**

☐ **HOLD - NOT TO EXCEED 5 DAYS**
(Excluding Holidays and Weekends)

RECEIVED

WE THE UNDERSIGNED OFFICER(S) AND TOW DRIVER, HEREBY CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.

Signature _____ (Tow Truck Driver)

Name Stephan Beesa (Printed)

☐ Inventory Continued

Signature TPR S. Walker (Trooper)

Trooper Name TPR. S. WALKER (Printed)

Troop B District COLUMBIA

1. ☐ LAW ENFORCEMENT SHORT FORM REPORT
2. ☐ DRIVER REPORT OF TRAFFIC CRASH
3. ☒ DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

Time & Location

DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
08/12/2006	08:55 ☐ AM ☒ PM	8:57 ☐ AM ☒ PM	9:25 ☐ AM ☒ PM	FHPB06OFF024239	76861046

COUNTY/CITY CODE	FEET of	MILE(S)	N ☐ S ☐ E ☐ W ☐ of LIVE OAKE	COUNTY
31 / 00		8		Suwannee

AT NODE NO.	FEET of	MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1 DIVIDED 2 UNDIVIDED	ON STREET/ROAD OR HIGHWAY
					4	1	STATE ROAD 8

AT INTERSECTION OF	FEET of	MILE(S)	FROM INTERSECTION OF
		4	N ☐ S ☐ E ☐ W ☒ U.S. 90

Section 1 — Vehicle

YEAR	MAKE (show Intl. etc)	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE NO	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER
96	FORD		K49YLB	TX		1FMDU32P2T2A43235

Check Areas of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST AMOUNT OF DAMAGE	VEHICLE REMOVED BY (1 Tow Rotation List, 2 Tow Owner's Request, 3 Driver, 4 Other)
☒	X	X	X	X	X	X	X	X	$15,000	MIKE'S 01

INSURANCE COMPANY (LIABILITY OR PIP): FARMERS — POLICY NO: UK

Section 1 — Pedestrian

OWNER'S FULL NAME (Check if Same as Driver ☒): SAME AS DRIVER — ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

DRIVER (Exactly as on Driver's License) / PEDESTRIAN: CHARLES E LINCOLN — ADDRESS: 6102 VALLEYVIEW DRIVE — LAGO VISTA TX 78645

DRIVER'S LICENSE NUMBER	STATE	LIC TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH
08669585	TX	3	UK	UK	W	M	04/10/60

PASSENGER'S NAME: BRIAN MARTIN UK UK UK UK — ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

Section 2 — Vehicle

YEAR	MAKE (show Intl. etc)	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER

Check Areas of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST AMOUNT OF DAMAGE	VEHICLE REMOVED BY (1 Tow Rotation List, 2 Tow Owner's Request, 3 Driver, 4 Other)
☐										

INSURANCE COMPANY (LIABILITY OR PIP): — POLICY NO

Section 2 — Pedestrian

OWNER'S FULL NAME (Check if Same as Driver ☐): — ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

DRIVER (Exactly as on Driver's License) / PEDESTRIAN: — ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

DRIVER'S LICENSE NUMBER	STATE	LIC TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH

PASSENGER'S NAME: — ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

Section 3 — Vehicle

YEAR	MAKE (show Intl. etc)	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER

Check Areas of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST AMOUNT OF DAMAGE	VEHICLE REMOVED BY (1 Tow Rotation List, 2 Tow Owner's Request, 3 Driver, 4 Other)
☐										

INSURANCE COMPANY (LIABILITY OR PIP): — POLICY NO

Section 3 — Pedestrian

OWNER'S FULL NAME (Check if Same as Driver ☐): — ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

DRIVER (Exactly as on Driver's License) / PEDESTRIAN: — ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

DRIVER'S LICENSE NUMBER	STATE	LIC TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH

PASSENGER'S NAME: — ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

Violation(s)

1	CHARLES LINCOLN	316.183.1	SPEED-TOO FAST FOR CONDITIONS

PROPERTY DAMAGED - Other than vehicle | EST AMOUNT OF DAMAGE | OWNER - Name | ADDRESS - Number and Street | City / State / Zip

WITNESS NAME (1) | ADDRESS - Number and Street | City / State / Zip

WITNESS NAME (2) | ADDRESS - Number and Street | City / State / Zip

RANK AND SIGNATURE OF RESPONDING / INVESTIGATING OFFICER	ID / BADGE NO	DEPARTMENT	
TPR. SHELIA WALKER	2019/	FHP	1 ☒ FHP 2 ☐ CPD 3 ☐ SO 4 ☐ OTHER

HSMV 90000 (Rev 11/05) S

☐ YOU MUST READ AND COMPLY WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM
☐ NO FURTHER ACTION REQUIRED BY YOU. REPORT COMPLETED BY LAW ENFORCEMENT AGENCY